## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000017786 1. Corporation Name

BRIDEB, INC.

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90052 036 \*\*\*150.00



Principal Place	of Business	Mailing Address								
20610 N.E. 22NE	PLACE	20610 N.E. 22ND PLACE								
N MISAMI BEACH FL 39180		N MISAMI BEACH FL 33180			DO NOT WRITE IN THIS SPACE					
					İ	3. Date Incorporated or Qualifed	_ ,,, ,,,,,			
						02/21/1997				
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	••••		Applied For	
21		26				65-0733451			Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>~</b>	5 Additional	
22		27				5. Certificate of Status Desired		Fee	Required	
City & State	)	City & State				6. Election Campaign Financing	Π		10 May Be	
23		28				Trust Fund Contribution		Adde	ed to Fees	
Zip ,	Country	Zip Country				8. This corporation owes the currer				
24	25	29 30	<u>'l</u>			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Current	Registered Agent	8	4		10. Name and Address of New Re	gisterea A	gent		
DI EM	VINSKI, CHAIM		°	'	Name					
	VINSKI, CHAIM O N.E. 22ND PLACE	]			Street Addres	Idress (P.O. Box Number is Not Acceptable)				
	SAMI BEACH FL 33180									
IA MIN	SAMI BEACH PL 33 100		8	3					}	
			8-	4	City		FL	85 2	ip Code	
		A COMPANIE OF THE CONTRACT OF	# In			ration authorite this atotomont for the a		hanging	its registered	
office or (	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	onzea o	γu	named corpor ne corporation	's board of directors. I hereby accept	the appoint	ment as	registered	
agent. I ar	n familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statute	s.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if poplicable (NOTE: Re	aistered Aa	ent :	signature required v	when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12	
TITLE	D	DELETE 1.1 TI						Chan		
NAME	PLEWINSKI, CHAIM	1.2 N		:						
STREET ADDRESS	20610 N.E. 22ND PLACE	i	1.3 STRE		ADDRESS				ļ	
CITY-ST-ZIP	N MIAMI BEACH FL 33180		1.4 CITY-		ZIP	·				
TITLE	D	☐ DELETE	2.1 TITLE					Chan	ge 🗌 Addition	
NAME	PLEWINSKI, DEBRA		2.2 NAME	=						
STREET ADDRESS	20610 N.E. 22ND PLACE	•	2.3 STRE	ETA	ADDRESS					
CITY-ST-ZIP	N MIAMI BEACH FL 33180			-ST-	-ZIP					
TITLE	D	DELETE 3.111				<del> </del>	÷	Chan	ge 🗌 Addition	
NAME	PLEWINSKI, BRIAN	3.2 N/		Ē					Į	
STREET ADDRESS	20610 N.E. 22ND PLACE		3.3 STREE		ADDRESS				1	
CITY-ST-ZIP	N MIAMI BEACH FL 33180		3.4, CITY-		-ZIP			_		
TITLE		☐ DELETE	4.1 TITLE					Chan	ge 🔲 Addition	
NAME			4. 2 NAME		ļ				ļ	
STREET ADDRESS			4.3 STREE		ADDRESS					
CITY-ST-ZIP			4.4 CITY-		.ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Chan	ge	
NAME			5.2 NAME	Ξ						
STREET ADORESS			5.3 STRE	ET A	ADDRESS				· ·	
CITY-ST-ZIP		•	5.4 CITY-		ZIP					
TITLE	·	☐ DELETE	6.1 TITLE					Chan	ge Addition	
NAME (			6.2 NAME	Ξ						
STREET ANDRESS	:		6.3 STRE	ET A	ADDRESS					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR